

| TRANSCRIPT ORDER | | | | DUE DATE: | |
|---|--|-------------------------------------|----------------------|---|----------------------|
| Please Read Instructions: | | | | | |
| 1. NAME Omar Khan | | 2. PHONE NUMBER (212) 937-7252 | | 3. DATE 6/29/2015 | |
| 4. MAILING ADDRESS 7 World Trade Center, 250 Greenwich St. | | 5. CITY New York | | 6. STATE NY | 7. ZIP CODE 10007 |
| 8. CASE NUMBER 2:14-cv-00762-RWS | | 9. JUDGE Robert W. Schroeder III | | DATES OF PROCEEDINGS 10. FROM 6/24/2015 11. TO 6/24/2015 | |
| 12. CASE NAME Nexus Display Technologies LLC v. Dell Inc. et al. | | | | LOCATION OF PROCEEDINGS 13. CITY Texarkana 14. STATE TX | |
| 15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER | | | | | |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) | | | | | |
| PORTIONS | | DATE(S) | | PORTION(S) | |
| <input type="checkbox"/> VOIR DIRE | | | | <input type="checkbox"/> TESTIMONY (Specify Witness) | |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff) | | | | | |
| <input type="checkbox"/> OPENING STATEMENT (Defendant) | | | | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) | | | | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify) | |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant) | | | | | |
| <input type="checkbox"/> OPINION OF COURT | | | | | |
| <input type="checkbox"/> JURY INSTRUCTIONS | | | | <input checked="" type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> SENTENCING | | | | Markman Hearing 6/24/2015 | |
| <input type="checkbox"/> BAIL HEARING | | | | | |
| 17. ORDER | | | | | |
| CATEGORY | ORIGINAL (Includes Certified Copy to Clerk for Records of the Court) | FIRST COPY | ADDITIONAL COPIES | NO. OF PAGES ESTIMATE | COSTS |
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| REALTIME | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional). | | | | ESTIMATE TOTAL | 0.00 |
| 18. SIGNATURE /s/ Omar Khan | | | | PROCESSED BY | |
| 19. DATE 6/29/2015 | | | | PHONE NUMBER | |
| TRANSCRIPT TO BE PREPARED BY | | | | COURT ADDRESS | |
| ORDER RECEIVED | | DATE | BY | | |
| DEPOSIT PAID | | | | DEPOSIT PAID | |
| TRANSCRIPT ORDERED | | | | TOTAL CHARGES | 0.00 |
| TRANSCRIPT RECEIVED | | | | LESS DEPOSIT | 0.00 |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT | | | | TOTAL REFUNDED | |
| PARTY RECEIVED TRANSCRIPT | | | | TOTAL DUE | 0.00 |

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